

L14000154539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

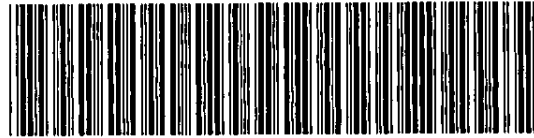
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/02/14--01005--017 \*\*125.00

DIVISION OF CORPORATION

14 OCT -2 AM 11:55

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT -2 AM 9:51

FILED

OCT -3 2014

T. HAMPTON

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ON GULF TITLE SERVICES, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☐ Certified Copy
- ☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

***ARTICLES OF ORGANIZATION***

OF

On Gulf Title Services, LLC

***ARTICLE I – NAME***

The name of this Limited Liability Company is On Gulf Title Services, LLC.

***ARTICLE II – DURATION***

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

***ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS***

The principal place of business shall be:

27499 Riverview Center Boulevard, Suite 236  
Bonita Springs, FL 34134

and the mailing address of this Company is:

27499 Riverview Center Boulevard, Suite 236  
Bonita Springs, FL 34120

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TALLAHASSEE, FLORIDA

***ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT***

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Limited Liability Company at that address is Filings, Inc. a Florida Corporation.

## ***ARTICLE V - MEMBERS***

This Limited Liability Company has one Member whose name and address is:

Jaroslav Osinski  
27499 Riverview Center Boulevard, Suite 236, Bonita Springs, FL 34134

No additional Members shall be admitted unless all Members, (including any additional Members, other than original Members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

## ***ARTICLE VI - MANAGEMENT***

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Authorized Member or the Authorized Members as appointed by the Members of this Limited Liability Company shall be authorized to manage and control this Limited Liability Company. Unless earlier reaffirmed, revised, revoked or cancelled by the Members of this Limited Liability Company, this Authority shall be cancelled 5 years from the date of the issuance of a Certificate of Organization from the Secretary of

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State of the State of Florida.

The name and address of the Authorized Member is:

Jaroslav Osinski

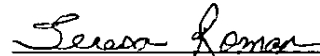
27499 Riverview Center Boulevard, Suite 236, Bonita Springs, FL 34134

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: October 2, 2014

Filings, Inc.

By Teresa Roman, Vice-President



Authorized Representative  
of a Member

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

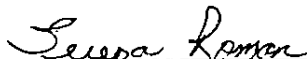
In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, On Gulf Title Services, LLC desiring to organize or qualify under the laws of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3780 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: October 2, 2014

Filings, Inc.

By Teresa Roman, Vice-President



Authorized Representative  
of a Member

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Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: October 2, 2014

Filings, Inc.  
By Teresa Roman, Vice-

President

Teresa Roman

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